PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10/074528

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			100.0				-	RATE	FEE	. [RATE	FEE
TOTALOBAING					NUMBE	R EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
FOR			NUMBER FILED .		•			YCO			X\$18=	
TOT	AL CHARGEAB	LE CLAIMS	minu	ıs 20=	<u> </u>			X\$ 9=		OR		
	PENDENT CLA		min				X43=		OR	X86=		
MUL	TIPLE DEPEND	DENT CLAIM PF	RESENT				Ì	+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	
CLAIMS AS AMENDED - PART II									ENTITY	OR	OTHER T	THAN NTITY
		(Column 1) CLAIMS	T	HIG	HEST	PRESENT	٦		ADDI-		CATE	ADDI- TIONAL
Y.	8 25 04	REMAINING AFTER		PREV	ABER KOUSLY	EXTRA		RATE	TIONAL FEE		RATE	FEE
ÄEN		AMENDMENT 12 /	Minus	PAIC	POR .	= /	7	X\$ 9≖		OR	X\$18=	
ᅜ	Total Independent	• 12	Minus	***	4	=	1	X43=		OR	X86=	
AR I	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+145=		OR	+290=	
								TOTAL		1	TOTAL	
*								ADDIT, FEE	L	Jor	ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)								ADDI-	1		ADDI-
8		CLAIMS REMAINING		NU	MBER	PRESENT		RATE	TIONAL		RATE	TIONAL
Z		AFTER AMENDMENT	-		MOUSLY DFOR	EXTRA-	_		FEE	-		FEE
AMENDMENT B	Total	•	Minus	**		-	4	X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus			<u> -</u>	4	X43=		OR	X86=	
₹	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT CLAIM				+145=		OR	+290=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
										_ ···	AUGI. PEE	
<u> </u>		(Column 1)			lumn 2) GHEST	(Column	3)		ADDI-	7		ADDI-
2		REMAINING AFTER		PRE	JMBER VIOUSLY	PRESEN EXTRA		RATE	TIONAL FEE	-	RATE	TIONAL
AMENDMENT C	Total	AMENDMENT	Minus	PA 44	ID FOR	=	\dashv	X\$ 9=	1	OF	X\$18=	
	Independ nt	1.	Minus	***		1.	\exists	Y42=	1	┨.	YOC-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				M 🗆		X43=	 	OF	`	1	
1	1							+1.45=	1 .	OF	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OF	ADDIT. FEI	
	r If the "Highest N	umber Previously	Paid For IN II	112 OLW			3.°	ADDIT. FEI		box in		
	The "Highest Nu	lumber Previously Imber Previously I	Paid For (Total	or Indep	encent) is i	na mancor m	•				• .	CONVERC
<u></u>	Patient and Tradematik Office, U.S. DEPARTMENT OF COMMERC											